PTO/SB/06 (08-00) Approved for use through 10/31/2002. OMB 0651-0032 d Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORI									Application or Docket Number					
									12873.04734					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OR	OTHER T			
FOR		NUMB	NUMBER FILED			NUMBER EXTR		RA?	ſΈ	FEE		RATE	FEE	
(37	SIC FEE CFR 1.16(a))						74		s	OR		s		
	AL CLAIMS CFR 1.16(c))		26 minus 20 =		*			x \$	_=		OR	x \$ 18 =	108	
	EPENDENT CLA CFR 1.16(b))	IMS	5 minus 3 =		* 2			x	_=		OR	x <u>86</u> =	172	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+	_=_		OR	+=			
* If the difference in column 1 is less then zero, enter "0" in column 2											OR	TOTAL		
CLAIMS AS AMENI (Column I)					DED - PART II (Column 2) (Column 3)			SMA	LL E	ENTITY	OR	OTHER T		
AMENDMENT A	* * * * * * * * * * * * * * * * * * * *	CLAIMS REMAINING AFTER AMENDMENT	13.00 13.00	NU: PREV	HEST MBER IOUSLY D FOR		ESENT XTRA	RAT	Έ	ADDI- TIONAL FEE	OR OR OR	RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	* 26	Minus	**	26	=	0	x \$	_=			x \$ <u>50</u> =	0	
	Independent (37 CFR 1.16(b))	* 5	Minus	***	5	=	0	x	_=			x <u>200</u> =	0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))] [+	_=		OR	+=		
(Column 1) (Column 2) (Column 3)							TOT ADDIT, F			OR A	TOTAL DDIT, FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NU PREV	HEST MBER TOUSLY D FOR	PRI	ESENT XTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(e))	*	Minus	**		=		x \$	_=		OR OR OR	x \$=		
	Independent (37 CFR 1.16(b))	*	Minus	***		=		x	_=			x=		
Y	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+	_=		OR	+=		
(Column 1) (Column 2) (Column 3)							TO ADDIT.	TAL FEE		OR _A	TOTAL DDIT. FEE			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	HEST MBER TOUSLY D FOR	1	ESENT XTRA	RAT	ſΈ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**		=		x \$	_=		OR OR OR	x \$=		
	Independent (37 CFR 1.16(b))	*	Minus	***		=		x	_			x=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							1 -	_=		OR	+=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL ADDIT. FEE ADDIT. FEE														
** If	the "Highest Nu	mber Previously Pa	id For" IN THI	S SPACE	is less than	20, ente	er "20".				•			